Department of Social Services
Division of Behavioral Health
811 E. 10th Street, Dept. 9
Sioux Falls, SD 57103

Plan of Correction

Program Name: Northern Hills Alcohol and Drug Services dba Compass Point	**Date Submitted:** 11/1/2019	**Date Due:** 12/1/2019

Client Chart POC-1	
Rule #: ARSD 67:61:07:05	**Rule Statement:** **Integrated assessment.** An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components: 1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable; 2) Presenting problems or issues that indicate a need for services; 3) Identification of readiness for change for problem areas, including motivation and supports for making such changes; 4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; 5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; 6) Family and relationship issues along with social needs; 7) Educational history and needs; 8) Legal issues; 9) Living environment or housing; 10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal; 11) Past or current indications of trauma, domestic violence, or both if applicable; 12) Vocational and financial history and needs; 13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present; 14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening; 15) Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable; 16) Clinician's signature, credentials, and date; and 17) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

	Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.

Area of Noncompliance: Many of the integrated assessments were missing strengths, living environment or housing, safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal and past or current indications of trauma.

Corrective Action (policy/procedure, training, environmental changes, etc): Our staff member who manages the technical support for our EHR (Stacey Nickelson) was able to contact the EHR company and have them add these components to our TNA template.	**Anticipated Date Achieved/Implemented:** **Date** 10/17/2019
Supporting Evidence: Client Strengths, Living Environment and Trauma/Domestic Violence sections have been added to the TNA's. They are under the Personal/History-Bio/Psychosocial section. Please see attached blank TNA. Kara went through the details of this form (the TNA) and made modifications based on efficiency, and state standards.	**Person Responsible:** Hillary Schwab, Stacey Nickelson, Kara Graveman
How Maintained: This will become part of the clinical interview process. Counselors have been asked to address these components when they are evaluating the client. TNA's will be done within 30 days and include the components indicated in ARSD 67:61:07:05 The Clinical Supervisor (Kara Graveman) and myself (Hillary Schwab) will be monitoring this on a regular basis during QA meetings, which involves a full QA of client charts.	**Board Notified:** Y ☒ N ☐ n/a ☐

Client Chart POC-2	
Rule #: ARSD 67:61:07:06	**Rule Statement:** **Treatment plan.** An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and includes: 1) A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence; 2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified; 3) Measurable objectives or methods leading to the completion of short-term goals including: a) Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress towards objectives; b) Specification and description of the indicators to be used to assess progress; c) Referrals for needed services that are not provided directly by the agency; and d) Include interventions that match the client's readiness for change for identified issues; and 4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures. The individualized treatment plan shall be developed within ten calendar days of the client's

	admission for an intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically monitored intensive inpatient treatment program. The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program. All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the counselor's credentials.

Area of Noncompliance: Treatment plans were missing measurable objectives or methods leading to the completion of short-term or long-term goals, statement identifying the staff member responsible, treatment plans completed on time, and evidence of client's meaningful involvement.

Corrective Action (policy/procedure, training, environmental changes, etc.): Since the accreditation, the Clinical Supervisor (Kara Graveman) has met with the clinical staff to address the specific nature of treatment plans. This meeting was for the intent and purposes of treatment plans only. She discussed how to engage the client in order to acquire a problem statement using their (the clients) language. She also trained the clinical staff on how to formulate objectives, collaboratively with the client using different ways to measure these objectives-this comes in the form of asking questions in the motivational interviewing spirit. Regarding 'identifying the staff member responsible', our EHR technical assistance staff member (Stacey Nickelson) contacted the EHR company and had them add this (on 10/9/2019), prior to the accreditation. It has since been accomplished. Since requested, another section to add 'counselor initials' (on 11/14/2019) was also requested from the EHR company. Confirmation of completion has not been received as of yet.	**Anticipated Date Achieved/Implemented:** **Date**: 10/9/2019, 11/14/2019
Supporting Evidence: Please see attached blank treatment plan template indicating 'staff responsible'. Kara also went through the details of this form (the treatment plan) and made modifications based on efficiency, and state standards.	**Person Responsible:** Kara Graveman, Hillary Schwab, Stacey Nickelson
How Maintained: The Clinical Supervisor (Kara Graveman) and myself (Hillary Schwab) will be monitoring this on a regular basis during QA meetings, which involves QA of client charts. Kara will provide as needed future trainings on treatment plan compliance in accordance with ARSD 67:61:07:06	**Board Notified:** Y ☒ N ☐ n/a ☐

Client Chart POC-3	
Rule #: ARSD 67:61:07:08	**Rule Statement:** **Progress notes.** All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes shall document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes shall include attention to any co-occurring disorder as they relate to the client's substance use disorder. A progress note is included in the file for each billable service provided. Progress notes shall include the following for the services to be billed: 1) Information identifying the client receiving services, including name and unique

	identification number; 2) The date, location, time met, units of service of the counseling session, and the duration of the session; 3) The service activity code or title describing the service code or both; 4) A brief assessment of the client's functioning; 5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives; 6) A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and 7) The signature and credentials of the staff providing the service.

Area of Noncompliance: Many of the charts were missing a brief description of what the client and provider plan to work on during the next sessions, including work that may occur between sessions, if applicable.

Corrective Action (policy/procedure, training, environmental changes, etc): Kara Graveman has offered training specific to progress notes which addressed this issue.	**Anticipated Date Achieved/Implemented:** **Date** 10/2019
Supporting Evidence: Clinical staff were given verbal examples of what would be indicated on the 'plan' portion of the progress note.	**Person Responsible:** Kara Graveman, Hillary Schwab
How Maintained: The Clinical Supervisor (Kara Graveman) and myself (Hillary Schwab) will be monitoring this on a regular basis during QA meetings, which involves the full QA of client charts. Kara will provide as needed future trainings on progress note compliance in accordance with ARSD 67:61:07:08. I (Hillary Schwab) will bring to biweekly staff meetings copies of progress notes that are well written and in compliance to distribute to the clinical staff so then can use these as examples.	**Board Notified:** Y ☒ N ☐ n/a ☐

Client Chart POC-4	
Rule #: ARSD 67:61:07:07	**Rule Statement:** **67:61:07:07. Continued service criteria.** The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if: (1) The client is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or (2) The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or

	(3) New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively. The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every: 1. 14 calendar days for: a. Early intervention services; b. Intensive outpatient services; c. Medically monitored intensive inpatient treatment; and 2. 30 calendar days for: a. Outpatient treatment program; and

Area of Noncompliance: Many of the charts were missing continued stay reviews and required elements when they were present within the chart.

Corrective Action (policy/procedure, training, environmental changes, etc): Kara Gravemen offered a special Continued Stay Review training on 10/25/2019 to educate all clinical staff on this matter. We also had this added to our EHR in the sense that staff are able to access this in such a way that they were not able to before.	**Anticipated Date Achieved/Implemented:** **Date** 10/25/19, 11/20/2019
Supporting Evidence: Please see attached email from Kara regarding the CSR training, and attached email from Stacey regarding the addition of this component to the EHR.	**Person Responsible:** Kara Gravemen, Hillary Schwab Stacey Nickelson
How Maintained: The CSR's will be QA'd on a regular basis during QA meetings, which involves QA of client charts. Ongoing training, regarding CSR's will occur during supervision and staff meetings to ensure all clinical staff are completing these correctly, in accordance with ARSD 67:61:07:07	**Board Notified:** Y ☒ N ☐ n/a ☐

Client Chart POC-5	
Rule #: ARSD 67:61:07:10	**Rule Statement:** **Transfer or discharge summary.** An addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.

	When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.

Area of Noncompliance: Many of the charts were missing discharge summaries and required elements when they were present within the chart.

Corrective Action (policy/procedure, training, environmental changes, etc): We are now better tracking discharges, and we have made changes to our EHR which will allow us to pull a report of clients who have been discharged in the last 30 days. Kara Graveman has met with clinical staff and offered training specific to discharge summaries.	**Anticipated Date Achieved/Implemented:** **Date** 10/2019, 11/14/2019
Supporting Evidence: Please see attached email from Stacey Nickelson regarding the implementation and capability to run discharge reports.	**Person Responsible:** Kara Graveman, Hillary Schwab
How Maintained: The Clinical Supervisor (Kara Graveman) and myself (Hillary Schwab) will be monitoring this on a regular basis during QA meetings, which involves QA of client charts. Kara will provide as needed future trainings on discharge summary compliance in accordance with ARSD 67:61:07:10 I (Hillary Schwab) will run this report in the third week of every month to ensure that they are getting done, and also meeting the requirements in accordance with ARSD 67:61:07:10	**Board Notified:** Y ☒ N ☐ n/a ☐

Client Chart POC-6	
Rule #: ARSD 67:61:14:03	**Rule Statement:** **Intensity of services.** The program shall provide any combination of individual, group, or family counseling two or more times per week to each client. Each adult client shall be provided with a minimum of nine hours of these services per week. Each adolescent client shall be provided with a minimum of 6 hours of these services per week

Area of Noncompliance: The charts did not have documentation to support the minimum number of service hours.

Corrective Action (policy/procedure, training, environmental changes, etc): This is being more closely monitored by myself (Hillary Schwab), and also Kara Graveman. Any schedule change which will affect service hours has to be documented and approved (signed off on), in which I follow-up making sure that hours are made up or the hours are covered by another staff member. Compass Point administration has also had a conversation with the billing department to monitor hours when entering billing into Oaheo from EHR.	**Anticipated Date Achieved/Implemented:** **Date** 10/2019
Supporting Evidence: Progress notes will indicate billable service time; therefore, I will monitor progress notes. I will do this during the QA meetings.	**Person Responsible:** Hillary Schwab, Kara Graveman, Kathy Jensen
How Maintained: I will monitor group progress notes on a bi/weekly - monthly basis (during QA meetings).	**Board Notified:** Y ☒ N ☐ n/a ☐

Client Chart POC-7	
Rule #: ARSD 67:61:18:05	**Rule Statement:** **Intensity of services.** A medically-monitored intensive inpatient treatment program for adults shall provide daily to each client a combination of individual, group, or family counseling which shall total a minimum of 21 hours per week. The program shall also provide a minimum of nine hours of additional services on specialized topics that address the specific needs of the client. The additional services shall be identified on the client's treatment plan or continued stay review. These services shall be provided by an individual trained in the specific topic presented.
Area of Noncompliance: The charts did not have documentation to support the minimum number of service hours.	
Corrective Action (policy/procedure, training, environmental changes, etc.): I am presently monitoring group times closely, ensuring that staff are conducting groups for the required amount of time. Compass Point administration has also had a conversation with the billing department to monitor hours when entering billing into Oahe from EHR.	**Anticipated Date Achieved/Implemented:** **Date** 10/20/2019
Supporting Evidence: I am tracking group hours together with the inpatient counselor, and if she is unable to meet the requirements then we work collaboratively to get the hours fulfilled.	**Person Responsible:** Hillary Schwab, Kathy Jensen
How Maintained: I will monitor group progress notes on a bi/weekly - monthly basis (during QA meetings).	**Board Notified:** Y ☒ N ☐ n/a ☐

Client Chart POC-8	
Rule #: CJI program guidelines	**Rule Statement:** **CJI program guidelines:** • The agency will document weekly progress reports to the client's probation officer or the referral source • The agency will document a client's discharge summary was sent to the referral source • The agency will document if the client has an extension form (if applicable) in the client's file
Area of Noncompliance: The charts did not have documentation to support the CJI program guidelines of sending information to the referral source.	
Corrective Action (policy/procedure, training, environmental changes, etc): Unfortunately, the charts that were chosen for the QA by the accreditation team were charts prior to the change we made on March 4th, 2019. On march 4th, our	**Anticipated Date Achieved/Implemented:**

CJI coordinator, Stacey Nickelson created a new report on a spreadsheet which is emailed directly to the CSO's every Monday or Tuesday. This report indicates group attendance, notes, tracking of all communication etc. This report was approved by Stacy Trove and has been used as a template for other agencies to better track CJI clients. This report has improved communication between CP staff and referral sources (probation and parole). Prior to this report, email communication between clinical staff and probation was used for client reporting. This was not always getting done; therefore, we created the report and all communication goes through Stacey Nickelson, and inserted into the report.	**Date: 3/4/2019**
Supporting Evidence: See attached report. This report does not show the clients reporting which were on the list of charts that were being audited, however this report serves as supporting evidence for how we are reporting and tracking CJI clients. See email from Stacy Trove.	**Person Responsible: Stacey Nickelson**
How Maintained: We will continue to do this moving forward to maintain proper communication between us, and referral sources and also to ensure timely reporting.	**Board Notified:** Y ☒ N ☐ n/a ☐

Program Director Signature: Hillary Schwab	Date: 11/26/2019

Send Plan of Correction to:

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